

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah

Name in Full Jones, J.S. Roger Date 8/1/74

Name in Full ~~Robert G. Smith~~ LAST FIRST MIDDLE
206 8th Avenue, Salt Lake City, Utah 84103 359-8082
Office Address ~~Primary Childrens Medical Center, SLC 84103~~ Phone ~~328-9061~~

Residence Address 206 8th Avenue, Salt Lake City, Utah Telephone 359-8082

Sex M Marital Status Married No. of Dependents 3 Citizenship U.S.

Date of Birth 1/18/39 Birthplace Salt Lake City

Premedical Education: College or University Stanford 1957-58, Univ. of Utah 1958-61

Degree B. A. (U of U) Date of Graduation 1961

Medical Education: Medical School ~~McGill~~

Degree M.D., C. M. Date of Graduation 1965

Internship: Hospital University of Utah Date 1965-66 Rotating ☒ Special ☐

Date _____ Rotating ☐ Special ☐

Licensures Arizona 1968 License No. 5030 Registry No. _____ Reciprocity ☒ Examination ☐
STATE OR PROVINCE DATE ISSUED (National Boards)

Utah 1968 License No. 3928 Registry No. Reciprocity ☒ Examination ☒

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet.

Residencies Pediatrics, University of Utah Date 1968-700
HOSPITAL AND TYPE OF RESIDENCY

Anesthesiology, Date 1971-73
HOSPITAL AND TYPE OF RESIDENCY

Fellowship Pulmonary, W SP SP Date 1970-71

Assistantships _____ Date _____

Date _____

Teaching Appointments Univ. of Utah, Lecturer, Anesthesiology Date 1973

Date _____

Postgraduate Education		Date
INSTITUTION, PRECEPTOR, ADDRESS		

INSTITUTION. PRECEPTOR. ADDRESS

Date _____

INSTITUTION, PRECEPTOR, ADDRESS

Date _____

INSTITUTION. PRECEPTOR. ADDRESS

Membership on Other Hospital Staffs (past and present) Primary Childrens Hospital,
Wyoming State Hospital, Grand Canyon Hospital

Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet.

Membership in Medical Societies—Salt Lake County Medical Society, AMA, Intermountain Pediatric Society, Intermountain Thoracic Society,

Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization?
If so, give full details on separate sheet.

Fellowship: American College of Surgeons ☐ American College of Physicians ☐ Date _____

Fellowship in other specialty colleges _____ Date _____

Certified by American Board of Pediatrics Date _____
NAME OF BOARD

References and Addresses (preferably preceptors or previous medical associates) Wallace Ring, M.D., Primary
Childrens Med Center, John Adair, Primary Childrens Med Center

On separate sheets list scientific papers, essays, and theses you have written, and scientific meetings you have attended during the past three years.

Privileges Desired Consultant: Pulmonary, Anesthesiology

Previous Experience in Specialties Applied for: Medical Director; Pulmonary Function Lab, ICU, Respiratory Therapy, Primary Childrens Hospital; Anesthesiologist Same Institution

General Surgery: Number of Operations Performed _____ Number of Operations as Assistant _____

Names of Preceptors _____

Gynecology: Number of Gynecological Operations Performed _____

Number of Gynecological Operations Performed as Assistant _____

Names of Preceptors _____

Obstetrics: Number of Normal Deliveries Performed _____ Number of Abnormal Deliveries Performed _____

Names of Preceptors _____

Medicine: (Describe experience in general medicine) _____

Names of Preceptors _____

Other Specialties: (Name and describe experience) As above

Names of Preceptors _____

In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.

JS Rogers
SIGNATURE OF APPLICANT

M.D.

CREDENTIALS COMMITTEE

Above Application Was Reviewed by the Credentials Committee with the Following Recommendations:

Appointment to the Honorary ☐ Active ☐ Associate ☒ Courtesy ☐ Division of the Medical Staff

With Privileges in Pediatrics, Anesthesiology With Privileges Limited to Pulmonary

Appointment to be Deferred _____ Appointment Not Recommended _____

Signed: _____ M.D. _____ M.D.

Date _____ M.D.

EXECUTIVE COMMITTEE

Approved by the Executive Committee of the Medical Staff of Wesatche Co. Hosp.

Date 8-13-74 _____ M.D.

GOVERNING BOARD

Appointed by the Governing Board of _____

NAME OF HOSPITAL

Date _____ M.D.

SECRETARY OF GOVERNING BOARD